

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
2						
3						
4		3				
5		2				
6		2				
7		2				
8		2				
9		2				
10		1				
11		1				
12		1				
13	1		1			
14	1		1			
15	1		1			
16	3		1			
17	2		1			
18	2		1			
19	2		1			
20	2		1			
21	2		1			
22	2		1			
23	1		1			
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48						
49						
50						
TOTAL IND.			3			
TOTAL DEP.			25			
TOTAL CLAIMS			28			

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						